

2010 Schedule HC Worksheets and Tables

Below are the necessary worksheets you may need to complete your 2010 Schedule HC. Retain these worksheets for your records. Do not submit these with your tax return.

Schedule HC Worksheet for Line 6: Federal Poverty Level

1. Enter your federal adjusted gross income from Schedule HC, line 2 **1**
2. Enter the income amount that corresponds to your family size (as entered on Schedule HC, line 1c) from the 150% FPL column from Table 1 **2**

If line 1 is less than or equal to line 2, your income in 2010 was at or below 150% of the Federal Poverty Level and the penalty does not apply to you in 2010. Fill in the Yes oval in line 6 of Schedule HC, skip the remainder of Schedule HC and continue completing your tax return.

If line 1 is greater than line 2, your income in 2010 was above 150% of the Federal Poverty Level. Fill in the No oval in line 6 of Schedule HC and go to line 7 of Schedule HC.

Schedule HC Worksheet for Line 10: Eligibility for Employer-Sponsored Insurance That Met Minimum Creditable Coverage

The following worksheet will determine if you could have afforded employer-sponsored health insurance that met Minimum Creditable Coverage in 2010 (the employer's Human Resources Department should be able to provide this information to you). Complete only if you (and/or your spouse if married filing jointly) were eligible for insurance that met Minimum Creditable Coverage offered by an employer for the entire period you were uninsured in 2010 that covered you, and your spouse and dependent children, if any. If an employer did not offer health insurance that met Minimum Creditable Coverage that covered you, and your spouse and dependent children, if any, or if you were not eligible for insurance that met Minimum Creditable Coverage offered by an employer, you were self-employed or you were unemployed, fill in the No oval(s) in line 10 of Schedule HC and complete the Schedule HC Worksheet for Line 11 on page WS-2.

Note: If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blank ovals in a row during the period that the mandate applied on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Be sure to enclose Schedule HC with your return.

If an employer offered you free health insurance coverage in 2010 that met Minimum Creditable Coverage (the employer's Human Resources Department should be able to provide this information to you), you are deemed able to afford health insurance and are subject to a penalty. Fill in the Yes oval(s) in line 10 of Schedule HC and go to the Health Care Penalty Worksheet on page WS-4.

1. Enter your federal adjusted gross income from U.S. Form 1040, line 37; Form 1040A, line 21; or 1040EZ, line 4 **1**

If line 1 is less than or equal to: \$16,248 if single or married filing separately with no dependents; \$21,864 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or \$27,468 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents, you are deemed unable to afford employer-sponsored health insurance that met Minimum Creditable Coverage requiring an employee contribution. Fill in the No oval(s) in line 10 of Schedule HC. Skip the remainder of this worksheet and go to the Schedule HC Worksheet for Line 11 on page WS-2.

If line 1 is more than: \$54,600 if single or married filing separately with no dependents; \$85,800 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or \$114,400 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents, you are deemed able to afford employer-sponsored health insurance that met Minimum Creditable Coverage and are subject to a penalty. Fill in the Yes oval(s) in line 10 of Schedule HC and go to the Health Care Penalty Worksheet on page WS-4.

If line 1 is more than: \$16,248 but less than or equal to \$54,600 if single or married filing separately with no dependents; \$21,864 but less than or equal to \$85,800 if married filing jointly with no dependents or head of household/married filing separately with one dependent; or \$27,468 but less than or equal to \$114,400 if married filing jointly with one or more dependents or head of household/married filing separately with two or more dependents, **go to line 2.**

2. Enter the monthly premium that corresponds with your income range (from line 1 of worksheet) and filing status from Table 3: Affordability on page WS-3. To find this amount, look at the row for your income range in col. a of the appropriate table based on your filing status and go to col. b to find the monthly premium amount. **2**

3. Enter the lowest monthly premium cost of health insurance that would cover you, and your spouse and dependent children, if any, offered to you during your uninsured period in 2010 through an employer. The employer's Human Resources Department should be able to provide this amount to you **3**

Note: If you declined employer-sponsored health insurance that met Minimum Creditable Coverage, the monthly premium amount may be found on the Health Insurance Responsibility Disclosure Form (HIRD) you should have received from your employer.

If line 3 is less than or equal to line 2: you are deemed able to afford employer-sponsored health insurance that met Minimum Creditable Coverage during your uninsured period(s), which you did not obtain, and you are subject to a penalty. Fill in the Yes oval(s) in line 10 of Schedule HC, and go to the Health Care Penalty Worksheet on page WS-4.

If line 3 is greater than line 2: you could not afford health insurance that met Minimum Creditable Coverage offered to you by your employer, fill in the No oval(s) in line 10 of Schedule HC, and complete the following Schedule HC Worksheet for Line 11 on page WS-2.

Table 1: Federal Poverty Level, Annual Income Standards

Family size*	150% FPL
1	\$16,248
2	\$21,864
3	\$27,468
4	\$33,084
5	\$38,688
6	\$44,304
7	\$49,908
8	\$55,524
additional	+\$ 5,616

***This schedule reflects the Federal Poverty Level standards for 2010.**

Schedule HC Worksheet for Line 11: Eligibility for Government-Subsidized Health Insurance

The following worksheet will determine if you were eligible for government-subsidized health insurance in 2010. Complete the following worksheet only if an employer did not offer you affordable health insurance that met Minimum Creditable Coverage requirements, as determined in the Schedule HC Worksheet for Line 10.

Note: If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blank ovals in a row during the period that the mandate applied on line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Be sure to enclose Schedule HC with your return.

If married filing separately and living in the same household, each spouse must combine their income figures from their separate U.S. returns when completing this worksheet. Also, same-sex spouses filing a Massachusetts joint return or married filing separately and living in the same household must combine their income figures from their separate U.S. returns when completing this worksheet.

1. Enter your income before adjustments (from U.S. Form 1040, line 22, Form 1040A, line 15 or Form 1040EZ, line 4) **1**
2. Enter the amount from the Income column, based on your family size (do not include dependent children age 19 or older in your family size), from Table 2 **2**

If line 1 is greater than line 2: you were ineligible for government-subsidized health insurance in 2010 and must fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were deemed able to afford private health insurance.

If line 1 is less than or equal to line 2, and at any point during the period when you were uninsured: you were not a citizen or an alien legally residing in the U.S., or you are an alien with special status (legally residing in the U.S. for less than five years) but were not eligible for Commonwealth Care Bridge, including if you lived in a geographic area where Commonwealth Care Bridge was not available in 2010, or an employer offered to pay more than 20% of a family plan or 33% of an individual plan (the employer's Human Resources Department should be able to provide this information to you), or you applied for MassHealth or Commonwealth Care and were denied because you were ineligible for services, **you are deemed ineligible for government-subsidized health insurance in 2010.** Fill in the No oval(s) in line 11 of Schedule HC, and go to Schedule HC Worksheet for Line 12 to determine if you were able to afford private health insurance.

If line 1 is less than or equal to line 2, and none of the above conditions apply, you would have been deemed eligible for government-subsidized health insurance in 2010, which you did not obtain and you are subject to a penalty. Fill in the Yes oval(s) in line 11 of Schedule HC and go to the Health Care Penalty Worksheet on page WS-4.

Note: If line 1 is less than or equal to line 2, but you believe that, during the period when you were uninsured, your income was actually too high to qualify for government-subsidized insurance, you may have grounds to appeal the penalty. Fill in the Yes oval(s) in line 11 of Schedule HC and go to the instructions for the Appeals section. These instructions are available online at www.mass.gov/dor.

Schedule HC Worksheet for Line 12: Ability to Afford Private Health Insurance That Met Minimum Creditable Coverage

The following worksheet will determine if you could have afforded private health insurance that met Minimum Creditable Coverage in 2010. Complete the following worksheet only if you (and/or your spouse if married filing jointly) were deemed ineligible for government-subsidized health insurance, as determined in the Schedule HC Worksheet for line 11.

Note: If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level or you had three or fewer blank ovals in a row during the period that the mandate applied in line 7 of Schedule HC, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your return. Be sure to enclose Schedule HC with your return.

1. Enter your federal adjusted gross income from U.S. Form 1040, line 37; Form 1040A, line 21; or 1040EZ, line 4 **1**
 2. Enter the monthly premium that corresponds with your county of residency, age (if married filing a joint return, use the age of the older spouse) and filing status from Table 4: Premiums on page WS-3 **2**
- Go to the table that corresponds to your county of residency and go to the row for your age range and then go to the column based on your filing status to find the monthly premium amount.
3. Enter the monthly premium that corresponds with your income range (from line 1 of worksheet) and filing status from Table 3: Affordability on page WS-3. To find this amount, look at the row for your income range in col. a of the appropriate table based on your filing status and go to col. b to find the monthly premium amount. **3**

If line 2 is less than or equal to line 3: you are deemed able to afford private health insurance that met Minimum Creditable Coverage, which you did not obtain; you are subject to a penalty and you must fill in the Yes oval(s) in line 12 of Schedule HC and go to the Health Care Penalty Worksheet on page WS-4.

If line 2 is greater than line 3: you are deemed unable to afford health insurance that met Minimum Creditable Coverage and not subject to a penalty, and you must fill in the No oval(s) in line 12 of Schedule HC and skip the remainder of Schedule HC and continue completing your tax return. Be sure to enclose Schedule HC with your return.

Table 2: Income at 300% of the Federal Poverty Level

Family size*	Income
1	\$ 32,496
2	\$ 43,716
3	\$ 54,936
4	\$ 66,156
5	\$ 77,376
6	\$ 88,596
7	\$ 99,816
8	\$111,036
9	\$122,256
10	\$133,476
11	\$144,696
12	\$155,916
13	\$167,136

***Include only yourself, your spouse (if married filing a joint return) and any dependent children age 18 or younger in your family size. For family size over 13, add \$11,220 for each additional family member.**

Table 3: Affordability

Individual or Married Filing Separately (no dependents)		
a. Federal adjusted gross income		b. Monthly premium
From	To	
\$ 0	\$16,248	\$ 0
\$16,249	\$21,660	\$ 39
\$21,661	\$27,084	\$ 77
\$27,085	\$32,496	\$116
\$32,497	\$39,000	\$175
\$39,001	\$44,200	\$235
\$44,201	\$54,600	\$354
\$54,601	Any individual with an annual income over \$54,600 is deemed to be able to afford health insurance.	

Married Filing Jointly with no dependents or Head of Household/ Married Filing Separately with one dependent		
a. Federal adjusted gross income		b. Monthly premium
From	To	
\$ 0	\$21,864	\$ 0
\$21,865	\$29,148	\$ 78
\$29,149	\$36,432	\$154
\$36,433	\$43,716	\$232
\$43,717	\$54,600	\$315
\$54,601	\$65,000	\$422
\$65,001	\$85,800	\$589
\$85,801	Any couple with an annual income over \$85,800 is deemed to be able to afford health insurance.	

Married Filing Jointly with one or more dependents or Head of Household/ Married Filing Separately with two or more dependents		
a. Federal adjusted gross income		b. Monthly premium
From	To	
\$ 0	\$ 27,468	\$ 0
\$27,469	\$ 36,624	\$ 78
\$36,625	\$ 45,780	\$154
\$45,781	\$ 54,936	\$232
\$54,937	\$ 72,800	\$373
\$72,801	\$ 93,600	\$586
\$93,601	\$114,400	\$849
\$114,401	Any family with an annual income over \$114,400 is deemed to be able to afford health insurance.	

Table 4: Premiums

Region 1. Berkshire, Franklin and Hampshire Counties			
Age	Individual¹	Married couple² (no dependents)	Family³
0–26	\$124	\$248	\$ 732
27–29	\$206	\$412	\$ 732
30–34	\$206	\$412	\$ 760
35–39	\$218	\$436	\$ 774
40–44	\$250	\$500	\$ 774
45–49	\$280	\$560	\$ 834
50–54	\$372	\$744	\$ 910
55+	\$412	\$824	\$1,066

Region 2. Bristol, Essex, Hampden, Middlesex, Norfolk, Suffolk and Worcester Counties			
Age	Individual¹	Married couple² (no dependents)	Family³
0–26	\$156	\$312	\$ 672
27–29	\$223	\$446	\$ 672
30–34	\$224	\$448	\$ 774
35–39	\$227	\$454	\$ 788
40–44	\$259	\$518	\$ 788
45–49	\$285	\$570	\$ 850
50–54	\$338	\$676	\$ 927
55+	\$445	\$890	\$1,085

Region 3. Barnstable, Dukes, Nantucket and Plymouth Counties			
Age	Individual¹	Married couple² (no dependents)	Family³
0–26	\$153	\$306	\$ 662
27–29	\$214	\$428	\$ 662
30–34	\$216	\$432	\$ 835
35–39	\$216	\$432	\$ 863
40–44	\$271	\$542	\$ 874
45–49	\$271	\$542	\$ 906
50–54	\$321	\$642	\$1,030
55+	\$427	\$854	\$1,280

1. Includes married filing separately (no dependents).
2. Rates for a married couple are based on the combined monthly premium cost of individual plans for each spouse, rather than the cost of a two-person (or self plus spouse) plan.
3. Head of household or married couple with dependent(s).

Health Care Penalty Worksheet

Complete the following worksheet to calculate the penalty. If married filing a joint return and both you and your spouse are subject to a penalty, separate worksheets must be filled out to calculate the separate penalty amounts for you and your spouse, using your married filing jointly income. Each separate penalty amount must then be entered on Form 1, line 34a and line 34b or Form 1-NR/PY, line 39a and line 39b.

Note: If you answered Yes in line 6 of Schedule HC indicating that your income was at or below 150% of the Federal Poverty Level, the penalty does not apply to you. Do not complete this worksheet. Skip the remainder of Schedule HC and continue completing your tax return.

1. Enter your federal adjusted gross income from Schedule HC, line 2 **1**
2. Look at Table 5, Annual Income Standards, and enter col. A, B, C or D, based on your family size (from line 1c of Schedule HC) and income (from line 1 above) **2**
3. Based on the column entered in line 2, go to Table 6, Penalties for 2010, to determine the monthly penalty amount. Enter that amount here. If you entered col. D, enter the penalty amount that corresponds to your age **3**
4. Enter the number of gap(s) in coverage of four or more consecutive months in which you were uninsured, as shown in Schedule HC, line 7. **(Turning 18, Part-Year Residents or a Taxpayer Was Deceased:** When completing line 4, do not include the number of unfilled ovals for months that the mandate did not apply, as determined in Schedule HC, line 7.) If you were uninsured for all of 2010 or for the period that the mandate applied, enter "0" **4**
5. Enter the total number of months for the gap(s) in coverage in which you were uninsured from line 4. If you were uninsured for all of 2010, enter "12" **5**
6. Multiply line 4 by 3 **6**
7. Subtract line 6 from line 5. **7**
8. Multiply line 3 by line 7. This is your penalty amount. **8**

If you are subject to a penalty because you are deemed able to afford insurance in 2010 but did not obtain it, you may appeal the application of the penalty to you. Instructions for filing an appeal can be found online at www.mass.gov/dor. If you are filing an appeal, do not enter a penalty amount on Form 1, line 34a or line 34b or Form 1-NR/PY, line 39a or line 39b. If you are not appealing the penalty, enter the penalty amount from line 8 on Form 1, line 34a or line 34b or Form 1-NR/PY, line 39a or line 39b.

Table 5: Annual Income Standards

Family size	Col. A		Col. B		Col. C		Col. D
	From	To	From	To	From	To	Above
1	\$16,249	– \$21,660	\$21,661	– \$27,084	\$27,085	– \$32,496	\$32,496
2	21,865	– 29,148	29,149	– 36,432	36,433	– 43,716	43,716
3	27,469	– 36,624	36,625	– 45,780	45,781	– 54,936	54,936
4	33,085	– 44,100	44,101	– 55,128	55,129	– 66,156	66,156
5	38,689	– 51,588	51,589	– 64,476	64,477	– 77,376	77,376
6	44,305	– 59,064	59,065	– 73,836	73,837	– 88,596	88,596
7	49,909	– 66,540	66,541	– 83,184	83,185	– 99,816	99,816
8	55,525	– 74,028	74,029	– 92,532	92,533	– 111,036	111,036
additional	+ \$ 5,616	+ \$ 7,488	+ \$ 7,488	+ \$ 9,348	+ \$ 9,348	+ \$11,220	+ \$11,220

Table 6: Penalties for 2010

Col.	Monthly penalty amount
A	\$19.00
B	\$38.00
C	\$58.00
D-1 (age 18–26)*	\$66.00
D-2 (age 27+)*	\$93.00

*If you turned 27 during 2010, use col. D-1 (age 18-26) amount in line 3 of the Health Care Penalty Worksheet.